

10/037849  
10/19/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS** SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.



# FEE TRANSMITTAL

## for FY 2002

Patent fees are subject to annual revision.

### Complete if Known

Application Number

Confirmation Number

Filing Date

First Named Inventor

Markus Wilhelm Altmann

Examiner Name

Group/Art Unit

TOTAL AMOUNT OF PAYMENT (\$878.00)

Attorney Docket No.

CM2464

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

### FEE CALCULATION

#### BASIC FILING FEE – Large Entity

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	<input checked="" type="checkbox"/>
105 330	Design filing fee	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$740.00)

#### 2. EXTRA CLAIM FEES – Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[23] - 20** = [3]	x [18] =	[54]
Independent Claims	[4] - 3** = [1]	x [84] =	[84]
Multiple Dependent		<input type="checkbox"/> =	<input type="checkbox"/>

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 84	Independent claims in excess of 3
104 280	Multiple dependent claim, if not paid
109 84	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$138.00)

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
116 400	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117 920	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
118 1,440	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128 1,960	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119 320	Notice of Appeal	<input type="checkbox"/>
120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
121 280	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143 460	Design issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 900	Request for expedited examination of a design application	<input type="checkbox"/>
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

\* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$1)

#### SUBMITTED BY

Name (Print/Type)

Frank C. Turner

Registration No.

39,863

#### Complete (if applicable)

Signature

(Attorney/Agent)

Date

October 19, 2001

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and submission on PTO 2008

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